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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/479,548 Confirmation No.:
Applicant : Smits, et al.
Filing Date : January 7, 2000
Title : Hearing Evaluation Device with Noise Detection and Evaluation Capability
Group Art Unit : 2644
Examiner : Faulk, Devona E.
Docket No. : 8668.2029
Customer No. : 34313

RECEIVED

JUL 20 2004

Technology Center 2600

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated April 8, 2004.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$0.00

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: July 8, 2004

Valerie Cloyd

Applicant : Smits, et al.
Appl. No. : 09/479,548
Examiner : Faulk, Devona E.
Docket No. : 8668.2029

☒ If an additional extension of time is required, please consider this a petition therefor.

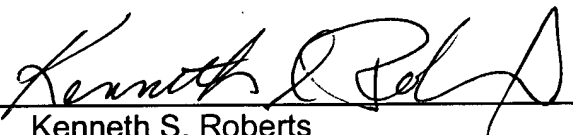
Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 86.00

- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	32	-	43	=	0	x	\$18.00	\$0.00
Independent Claims	15	-	13	=	0	x	\$86.00	\$172.001
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.							<input checked="" type="checkbox"/>	\$86.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)							<input type="checkbox"/>	\$0.00
TOTAL FEES SUBMITTED HEREWITH								\$86.00

Respectfully submitted,

Dated: July 8, 2004

By: 
Kenneth S. Roberts
Reg. No. 38,283

Orrick, Herrington & Sutcliffe LLP
4 Park Plaza, Suite 1600
Irvine, CA 92614-2558
Telephone: 949-567-6700
Facsimile: 949-567-6710
Customer Number: 34313